

**Testimony of the National Alliance on Mental Illness (NAMI) of Connecticut  
Before the Public Health Committee**

March 8, 2013

**With Concern/Caution**

**Proposed S.B. 374 AN ACT REQUIRING BEHAVIORAL HEALTH ASSESSMENTS FOR CHILDREN**

Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee, my name is Daniela Giordano and I am the Public Policy Director for Adults, State and National matters with the National Alliance on Mental Illness (NAMI) of Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals who actually live with mental illness and parents and family members of individuals living with mental illness. I am here today on behalf of NAMI Connecticut to express caution and concern regarding S.B. 374 An Act Requiring Behavioral Health Assessments for Children

This bill would require students enrolled in public school, at grades 6, 8, 10 and 12, and home-schooled children, at ages 12, 14 and 17, to receive a confidential behavioral health assessment, the results of which would be disclosed to the child's parent or guardian only.

We agree that better screening and early detection are important measures to successful prevention and recovery efforts, including for young people with behavioral health conditions. However, without a plan for treatment and recovery, or access to appropriate and timely treatments and services, such screenings would not only do little good but might actually cause harm by labeling children and youth without guaranteed follow-up and access to treatment. We do know that only about one fourth of children and youth who are currently identified as needing behavioral health treatment actually receive such treatment.<sup>2</sup> This low rate of access to child mental health services is often

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<sup>2</sup> The Impact of School Mental Health: Educational, Emotional, and Behavioral Outcomes. University of Maryland, School of Medicine, Center for School Mental Health.

due to a combination of limited access to appropriate services, inadequate insurance coverage and a shortage of child psychiatrists.

However, we do know that most young people who are fortunate enough to access services receive their care treatment in the school setting. The current budget proposal for FY 2014-15 eliminates the funding for twenty-two new or expanded school-based health centers for which monies were appropriated last year, limiting access to behavioral health services for children and youth instead of expanding them. Accordingly, if we are going to consider mandatory behavioral health assessments, we must ensure that there is broad access to quality child mental health services.